(?) = May not be required for your application

|  |  |
| --- | --- |
| **Study Title** |  |
| **Researcher(s)** |  |
| **Supervisor** (?) |  |

We’re inviting you to participate in a research study. Participation is completely voluntary. If you agree to participate now, you can always change your mind later. There are no negative consequences, whatever you decide.

|  |  |
| --- | --- |
| **Key Information** |  |
| **Summary** |  |
| **Reasonable, Foreseeable Risks or Discomforts** |  |
| **Reasonable, Expected Benefits** |  |
| **Alternatives, If Any** |  |

**What Is the Purpose of This Study?**

**What Will I Do?**

**Risks**

|  |  |
| --- | --- |
| **Possible Risks** | **How We’re Minimizing These Risks** |
|  |  |

There may be risks we don’t know about yet. Throughout the study, we’ll tell you if we learn anything that might affect your decision to participate.

**Other Study Information**

|  |  |
| --- | --- |
| **Possible benefits** |  |
| **Estimated number of participants** |  |
| **How long will it take?** |  |
| **Costs** |  |
| **Compensation** |  |
| **If I don’t want to be in this study, are there other options?** (?) |  |
| **Future research** |  |
| **Recordings / Photographs**  (?) |  |
| **Removal from the study**  (?) |  |
| **Funding source**  (?) |  |
| **Financial profits**  (?) |  |

**What If I Am Harmed Because I Was in This Study? (?)**

**Confidentiality and Data Security**

(?) We’ll collect the following personally identifying information for the research: (?) This information is necessary because

|  |  |
| --- | --- |
| **Where Will Data Be Stored?** |  |
| **How Long Will It Be Kept?** |  |

|  |  |  |
| --- | --- | --- |
| **Who Can See My Data?** | **Why?** | **Type of data** |
| The researchers | To conduct the study and analyze the data |  |
| Anyone (public) | If we share our findings in publications or presentations  Our funding agency requires us to make our dataset public so other researchers can use it. (?) |  |
| Amazon (?) | Because they own the MTurk internal software, and to issue payment | * MTurk worker IDs * There is a possibility Amazon could link your worker ID (and associated personal information) with your survey responses. |

(?) **Mandated Reporting**

We are mandated reporters. This means that if we learn or suspect that a child is being abused or neglected, we’re required to report this to the authorities.

(?) **This Study Has a Certificate of Confidentiality**

To help us protect your privacy, we have a Certificate of Confidentiality from the National Institutes of Health (NIH). With this certificate, we can’t be forced by a court order or subpoena to disclose information that could identify you. However, there are times when your identity wouldn’t be kept secret, even with a Certificate of Confidentiality:

* If a government agency inspects the records, or to meet FDA requirements
* If you give someone written permission to receive this information, or if you tell someone the information yourself
* If you threaten to harm yourself or others
* In cases of child abuse
* If we’re required to report cases of certain contagious diseases (such as HIV) to the state

(?) **Conflict of Interest**

**Who Do I Contact?**

|  |  |  |
| --- | --- | --- |
| **For questions about the research, complaints, problems** |  |  |
|  |  |  |
| **For questions about your rights as a research participant, complaints, problems** | Chair, Institutional Review Board  (IRB; provides ethics oversight) | irb@siena.edu / (518) 782-6726 |

**Signatures**

If you have had all your questions answered and would like to participate in this study, sign on the lines below. Remember, your participation is completely voluntary, and you’re free to withdraw from the study at any time. You must be 18 years or older to participate in this study. (?)

Name of Participant (print)

Signature of Participant Date

(?) **If participant is a minor or requires a Legally Authorized Representative:**

Name of Parent, Guardian or Legally Authorized Representative (print)

Signature of Parent, Guardian or Legally Authorized Representative Date

**[Include additional consent statements and signatures if using video recording, audio recording, or photographs.]**